PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.	Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/697,082-Conf. #9727			
FEE TRANSMITTAL	Filing Date	October 31, 2003			
	First Named Inventor	Kazuo Okada			
For FY 2009	Examiner Name	P. A. D'agostino			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3714			
TOTAL AMOUNT OF PAYMENT (\$) 1,822.00	Attorney Docket No.	SHO-0039			
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order No	ne Other (please ide	ntify):			

METHOD OF PAYM	ENT (check all t	that apply)						
Check Cred	it Card	Money Order	None	Other (	please identify)	):		
X Deposit Account	Deposit Account Numb	<sub>per.</sub> 18-	0013	Deposit	Account Name:	Rader, Fish	man & Graue	er PLLC
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	y additional fee( er 37 CFR 1.16 a		ments or	x Credit	any overpay	yments		
FEE CALCULATION	···				·			
1. BASIC FILING, SEAF	RCH, AND EXAM	INATION FEI	ES					
	FILIN	G FEES	SEAR	CH FEES	EXAMINA	ATION FEES	3	
Application Tune		Small Entity	Fac (\$)	Small Entity	Fac (#)	Small Entity	5 D-:	:- (6)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pai	<u>(\$)</u>
Utility	330	165	540	270	220	110		
Design	220	110.	100	50	140	70		
Plant	220	110	330	165	. 170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	. 0	0		
2. EXCESS CLAIM FEE	S						Sr	nall Entity
Fee Description							<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (incl	-						52	26
Each independent claim	•	ng Reissues)					220	110
Multiple dependent clair	ms						390	195
	Extra Claims	Fee (\$)	Fee F	Paid (\$)	<u>Mu</u>	itiple Depend	lent Claims	
- 20 or HP	x	=			Fee	<u>(\$)</u>	Fee Paid (\$)	
HP = highest number of total	claims paid for, if gr	eater than 20.						
	Extra Claims	Fee (\$)	Fee F	Paid (\$)				
- 3 or HP = HP = highest number of inde	pendent claims paid	for, if greater than	1 3.					
3. APPLICATION SIZE I		. •						
If the specification and		d 100 sheets o	f paper (exc	cluding electro	onically file	d seauence or	computer	
listings under 37 CF	R 1.52(e)), the	application siz	e fee due is	\$270 (\$135 fe				
sheets or fraction th	ereof. See 35 U	.S.C. 41(a)(1)	(G) and 37	CFR 1.16(s).				
Total Sheets	Extra Sheets	<u>Number o</u>	of each addit	ional 50 or frac	tion thereof	Fee (\$)	Fee Pa	id (\$)
- 100 =		/50 =	(rot	und up to a who	le number) x		=	
4. OTHER FEE(S)							Fees Pa	iid (\$)
Non-English Specific	cation, \$130 fee	e (no small ent	ity discoun	t)				
Other (e.g., late filing	g surcharge): 15	01 Utility issi	ue fee				1,510	
	/1 <del>3</del>	604 Publication 001 Printed co	milee ioi e			1al	300. 12.0	
	7 / /	o i i iliked Ci	opy or pare	THE WIFE COILDS		<del></del>	12.0	
SUBMITTED BY	/ /							
Signature / (CC)	$\ell \mathcal{O}^r$			sistration No.	29,211	Telephone	(202) 955-3	3750

SUBMITTED BY							
Signature	1 au		C*	Registration No. (Altomey/Agent)	29,211	Telephone	(202) 955-3750
Name (Print/Type)	Carl Sc	sha ykov	witch			Date	March 1, 2010

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		T			mplete if Know		
Effective on 12/0& Fees pursuant to the Consolidated Approp		4818).	Application Nun	nber	10/697,082-C	onf. #9727	,
FEE TRANS	MITTAI		Filing Date		October 31, 20	003	
			First Named Inv	entor	Kazuo Okada		
For FY 20	109	F	Examiner Name		P. A. D'agostir	10	
Applicant claims small entity state	us. See 37 CFR 1.27		Art Unit		3714		
TOTAL AMOUNT OF PAYMENT	(\$) 1,822.00	) .	Attorney Docket	No.	SHO-0039		
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card	Money Order	None	Other (	please iden	tify):		
X Deposit Account Deposit Account	Number: 18-0	 013	Denosit.	Account Na	me: Rader, Fishr	man & Gra	auer PLLC
For the above-identified depo							
x Charge fee(s) indicated	-	00.01 13 1	<u></u>	•	ndicated below, e		he filina fee
Charge any additional fee(s) under 37 CFR 1.	fee(s) or underpaym	nents of	H '	• •	payments		
FEE CALCULATION	16 and 1.17			,			
1. BASIC FILING, SEARCH, AND E	XAMINATION FEE	<u> </u>	<del></del>				
•	LING FEES		RCH FEES	EXAM	INATION FEES		
Annalis attention Tons	Small Entity	<b>5</b> ( <b>6</b> )	Small Entity	F /A	Small Entity	F	2-1-1-(4)
Application Type Fee (\$	- <del></del>	Fee (\$) 540	<u>Fee (\$)</u> 270	Fee (\$	) <u>Fee (\$)</u> 110	rees t	<u>Paid (\$)</u>
Utility 330	165			220		-	<del></del>
Design 220 Plant 220	110	100 330	50	140	70 95		
	110		165		85 225		
Reissue 330	165	540	270	650	325		
Provisional 220	110	0	0	0	0 .		0
2. EXCESS CLAIM FEES Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reiss	ues)					52	26
Each independent claim over 3 (incli	•					220	110
Multiple dependent claims	. ,					390	195
Total Claims Extra Claims	s Fee (\$)	Fee	Paid (\$)		Multiple Depend	ent Claims	
- 20 or HP	_ x = .			<u> </u>	ee (\$)	Fee Paid (\$	<u>)</u>
HP = highest number of total claims paid for	, if greater than 20.						
Indep. Claims Extra Claims	Fee (\$) =	Fee	Paid (\$)				
- 3 or HP = HP = highest number of independent claims		3.					
3. APPLICATION SIZE FEE							
If the specification and drawings ex	ceed 100 sheets of	paper (e:	xcluding electro	onically f	filed sequence or	computer	
listings under 37 CFR 1.52(e)), the sheets or fraction thereof. See 3				or small	entity) for each a	dditional 50	)-
Total Sheets Extra Sheet		•	litional 50 or frac	tion there	of Fee (\$)	Fee F	Paid (\$)
- 100 =	/50 =	(r	ound up to a who	le number	) × :	=	
4. OTHER FEE(S)	\					Fees	Paid (\$)
Non-English Specification, \$130	ree (no small entity	y discour	nt)			1 =	10.00
Other (e.g., late filing surcharge):	√1504 Publication	i fee for	early, volunta	ry, or no	ormal		0.00
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SUBMITTED BY							

SUBMITTED BY	$\mathcal{I}$		 			
Signature	(all	SC	 egistration No.	29,211	Telephone	(202) 955-3750
Name (Print/Type)	Carl Sch	ukowitch	 		Date	March 1, 2010